E W				6	Dates	A	pproved fo	or use throug	h 10/31/200	2. OME	3/17 (11-00 3 0651-003 OMMERC	2
Under the Paperwork Reduction Act of 1995.	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC ed to respond to a collection of information unless it displays a valid OMB control number								trol numbe	1		
FEE TRANSMITTAL				Complete if Known								<b>1</b> 7//
for FY 2001  Patent fees are subject to annual revision.			Application Number			09/730,232				ď		
			Filing	Date			Almander I. Poltorak					1
			First Named Inve			entor	ntor Alrxander I. Pol				ak	-
			Examiner Name									┨
			Group Art Unit			_ ·	2161					-
TOTAL AMOUNT OF PAYMENT (\$) 420. —				Attorney Docket No.			MI/APOO					_
METHOD OF PAYMEN	T				F	EE CA	LCULA	TION (con	tinued)			4
1. The Commissioner is hereby authorize		3. A	DDIT	ION/	AL FE	EES						
1. Indicated fees and credit any overpays Deposit	ments to.		Large Entit		Sma Enti							
Account Number		Fee	Fee	Fee	Fee	-	Fee l	Description	1	F	ee Pald	
Deposit		105	e (≱) 130	Code 205	65	Surcha	rge - late f	iling lee or o	ath _	_	65.	
Account Name		127	50	227	25			orovisional fili		RE	CEI	ÆΓ
Charge Any Additional Fee Required Under 37 CFR 1,16 and 1,17		121	30	5 K I		cover s			<b>3 -</b> -	F		
Applicant claims small entity status.		139	130	139	130	Non-En	glish spec	lfication		APF	23	hn1
Sea 37 CFR 1.27		147	2,520	147	2,520	For filin	ig a reque	st for ex parte	reexamina	*:	-	
2.			920*		920°	Reques	sting public er action	cation of SIR	prior (Tech	no <del>le</del>	gy Cen	ter 2
FEE CALCULATION			1,840*	113	1,840	Examin	er action			-		
1. BASIC FILING FEE		115		215	55			ly within first				
Large Entity Small Entity		116			195			ly within seco ly within third				
Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid		890 1,390				-	ly within four			1. 7	
101 710 201 355 Utility filing fee			1,890				•	ly within fifth			لةلم	
106 320 206 160 Design filing fee			310				of Appeal	y widan mar		1.		
107 490 207 245 Plant filing fee			310					pport of an a	ppeal			
108 710 208 355 Reissue filing fee			270	221	135	Reques	st for oral h	nearing		<u>a</u>		
		138	8 1,510 138 1,510 Petition to institute a public use proceeding							<b></b>		
SUBTOTAL (1)	(\$)	140	110	240	55			- unavoidable			<del>        -</del>	
2. EXTRA CLAIM FEES	ee from		1,240		620			- unintentions	al	500	H +	
Extra Claims below Fee Paid  Total Claims -20** = X =			1,240		620 220	-	isue fee (d issue fee	or reissue)		8		
			440 600	243		_	sue fee			9		
Claims — — — ^ — — _ ^ — ^ —		122	130	122				ommissioner		<u>u</u>		
		123	50	123	50	Process	sing fee u	nder 37 CFR	1.17(q)	SU		
Large Entity Small Entity	_	126	180	126	180	Submis	sion of Inf	omation Disc	dosure Stmt			
Fee Fee Fee Fee Description Code (\$) Code (\$)	"	581	40	581	40			atent assign			88	
103 18 203 9 Claims in excess o							• ` .	umber of pro		782750	28	11
102 80 202 40 Independent claim		146	710	246	355		submission R § 1.129	on after final : (a))	election		52	
104 270 204 135 Multiple dependent 109 80 209 40 * Reissue independent	ident claims	149	710	249	355			nal invention t R § 1.129(b)			1	
over original pate		179	710	279	355	Reques	it for Cont	inued Examin	ation (RCE)	L		
and over origina	169	of a design application										
SUBTOTAL (2)	(\$)	Other	r fee (s <sub>i</sub>	pecify)	Hub	aid ti	e from	m prior			3 <i>55.</i>	
**or number previously paid, if greater; For Re	ssues, see above					Fee Pa		SUBTOTAL	(3)	420	<u>). —</u>	
SUBMITTED BY								Complete (ii	applicable)			7
1 4 6	rner		Registra (Attome)			2765	54	Telephone	(845) 3	18-1	1000	
	-				-			Date	3/240	/		
signature Dowl. Fan	nez							<del></del>	10 - 10			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number RECEIVED ENT APPLICATION FEE DETERMINATION RECORD OTHER THIRD 2 3 2001 SMALL ENTITY CLAIMS AS FILED - PART I OR SMALL ENTITY (Column 2) (Column 1) RATECH hology Center 2100 NUMBER EXTRA RATE FEE FOR NUMBER FILED BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL TOTAL OR \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY SMALL ENTITY (Column 3) (Column 1) (Column 2) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1.16(c)) OR Independent \*\*\* Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) ADDI-CLAIMS ADDI-**HIGHEST** REMAINING PRESENT TIONAL NUMBER **RATE** TIONAL **RATE AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT FFF ADDIT FEE

(Column 1)			(Column 2)	2) (Column 3)		ree		ADDIT: TEE			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE
-	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=		OR	x \$=	
MEND	Independent (37 CFR 1.16(b))	*	Minus	***	=	х	_=	Í	OR OR	x=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						_=		OR	+=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TAL FEE		OR A	TOTAL DDIT. FEE	

<sup>•</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".